



**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

**FORM D  
NOTICE OF SALE OF SECURITIES  
PURSUANT TO REGULATION D  
SECTION 4(6), AND/OR  
UNIFORM LIMITED OFFERING EXEMPTION**

**OMB APPROVAL**

OMB Number: 3235-0076  
Expires: April 30, 2008  
Estimated average burden  
hours per response.....16.00



06045861

Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.)**TransAmerican Energy, Inc**Filing under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOEType of Filing: ☒ New Filing ☐ Amendment**A. BASIC IDENTIFICATION DATA**

1. Enter the information requested about the issuer

Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)**TransAmerican Energy, Inc**

Address of Executive Offices (Number and Street, City, State, Zip Code)

**8410 A North Sam Houston Parkway West**

Telephone Number (Including Area Code)

**(713) 353-9403**Address of Principal Business Operations (Number and Street, City, State, Zip Code)  
(if different from Executive Offices)

Telephone Number (Including Area Code)

Brief Description of Business

**Oil & gas exploration company specializing in all phases of the seismic data industry, including tape conversions, copying, data management, seismic acquisition management. The company owns 1/3 of the common stock of GeoServe Trinidad and Tobago Ltd., a full service seismic data company.**

Type of Business Organization

☒ corporation☐ limited partnership, already formed☐ other (please specify):☐ business trust☐ limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization:

MONTH	YEAR
03	05

☒ Actual☐ Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

T	X
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**General Instructions****Federal:***Who Must File:* All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).*When To File:* A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.*Where to File:* U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.*Copies Required:* Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.*Information Required:* A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.*Filing Fee:* There is no federal filing fee.**State:**

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on the ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

**ATTENTION**

**Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.**

Persons who respond to the collection of information contained in this form are not required to respond unless this form displays a currently valid OMB control number.

**A. BASIC IDENTIFICATION DATA**

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general managing partners of partnership issuers; and
- Each general and managing partnership of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

**Solow, Jon**

Business or Residence Address (Number and Street, City, State, Zip Code)

**7416 SW 48<sup>th</sup> St. # B** **Miami** **FL** **33155**Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

**Bearnth, Robert**

Business or Residence Address (Number and Street, City, State, Zip Code)

**4820 FM 945 N** **Coldspring** **TX** **77331**Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

**Moore, Neil A.**

Business or Residence Address (Number and Street, City, State, Zip Code)

**8410 A North Sam Houston Parkway West** **Houston** **TX** **77064**Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

**Williams, Eric A.**

Business or Residence Address (Number and Street, City, State, Zip Code)

**8610 A North Sam Houston Parkway West** **Houston** **TX** **77064**Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

**B. INFORMATION ABOUT OFFERING**

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? ..... ☒ Yes ☐ No  
Answer also in Appendix, Column 2, if filing under ULOE.
2. What is the minimum investment that will be accepted from any individual? ..... \$ **24,000**
3. Does the offering permit joint ownership of a single unit? ..... ☒ Yes ☐ No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchases in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

**Krueger, Dale**

Business or Residence Address (Number and Street, City, State, Zip Code)

**2901 Ross Court****Midland****MI****48640**

Name of Associated Broker or Dealer

**Broad Street Securities**

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ..... ☐ All

States

[AL]	<input type="checkbox"/>	[AK]	<input type="checkbox"/>	[AZ]	<input type="checkbox"/>	[AR]	<input type="checkbox"/>	[CA]	<input type="checkbox"/>	[CO]	<input type="checkbox"/>	[CT]	<input type="checkbox"/>	[DE]	<input type="checkbox"/>	[DC]	<input type="checkbox"/>	[FL]	<input type="checkbox"/>	[GA]	<input type="checkbox"/>	[HI]	<input type="checkbox"/>	[ID]	<input type="checkbox"/>
[IL]	<input type="checkbox"/>	[IN]	<input type="checkbox"/>	[IA]	<input type="checkbox"/>	[KS]	<input type="checkbox"/>	[KY]	<input type="checkbox"/>	[LA]	<input type="checkbox"/>	[ME]	<input type="checkbox"/>	[MD]	<input type="checkbox"/>	[MA]	<input type="checkbox"/>	[MI]	<input checked="" type="checkbox"/>	[MN]	<input type="checkbox"/>	[MS]	<input type="checkbox"/>	[MO]	<input type="checkbox"/>
[MT]	<input type="checkbox"/>	[NE]	<input type="checkbox"/>	[NV]	<input type="checkbox"/>	[NH]	<input type="checkbox"/>	[NJ]	<input type="checkbox"/>	[NM]	<input type="checkbox"/>	[NY]	<input type="checkbox"/>	[NC]	<input type="checkbox"/>	[ND]	<input type="checkbox"/>	[OH]	<input type="checkbox"/>	[OK]	<input type="checkbox"/>	[OR]	<input type="checkbox"/>	[PA]	<input type="checkbox"/>
[RI]	<input type="checkbox"/>	[SC]	<input type="checkbox"/>	[SD]	<input type="checkbox"/>	[TN]	<input type="checkbox"/>	[TX]	<input type="checkbox"/>	[UT]	<input type="checkbox"/>	[VT]	<input type="checkbox"/>	[VA]	<input type="checkbox"/>	[WA]	<input type="checkbox"/>	[WV]	<input type="checkbox"/>	[WI]	<input type="checkbox"/>	[WY]	<input type="checkbox"/>	[PR]	<input type="checkbox"/>

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ..... ☐ All States

[AL]	<input type="checkbox"/>	[AK]	<input type="checkbox"/>	[AZ]	<input type="checkbox"/>	[AR]	<input type="checkbox"/>	[CA]	<input type="checkbox"/>	[CO]	<input type="checkbox"/>	[CT]	<input type="checkbox"/>	[DE]	<input type="checkbox"/>	[DC]	<input type="checkbox"/>	[FL]	<input type="checkbox"/>	[GA]	<input type="checkbox"/>	[HI]	<input type="checkbox"/>	[ID]	<input type="checkbox"/>
[IL]	<input type="checkbox"/>	[IN]	<input type="checkbox"/>	[IA]	<input type="checkbox"/>	[KS]	<input type="checkbox"/>	[KY]	<input type="checkbox"/>	[LA]	<input type="checkbox"/>	[ME]	<input type="checkbox"/>	[MD]	<input type="checkbox"/>	[MA]	<input type="checkbox"/>	[MI]	<input type="checkbox"/>	[MN]	<input type="checkbox"/>	[MS]	<input type="checkbox"/>	[MO]	<input type="checkbox"/>
[MT]	<input type="checkbox"/>	[NE]	<input type="checkbox"/>	[NV]	<input type="checkbox"/>	[NH]	<input type="checkbox"/>	[NJ]	<input type="checkbox"/>	[NM]	<input type="checkbox"/>	[NY]	<input type="checkbox"/>	[NC]	<input type="checkbox"/>	[ND]	<input type="checkbox"/>	[OH]	<input type="checkbox"/>	[OK]	<input type="checkbox"/>	[OR]	<input type="checkbox"/>	[PA]	<input type="checkbox"/>
[RI]	<input type="checkbox"/>	[SC]	<input type="checkbox"/>	[SD]	<input type="checkbox"/>	[TN]	<input type="checkbox"/>	[TX]	<input type="checkbox"/>	[UT]	<input type="checkbox"/>	[VT]	<input type="checkbox"/>	[VA]	<input type="checkbox"/>	[WA]	<input type="checkbox"/>	[WV]	<input type="checkbox"/>	[WI]	<input type="checkbox"/>	[WY]	<input type="checkbox"/>	[PR]	<input type="checkbox"/>

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ..... ☐ All

[AL]	<input type="checkbox"/>	[AK]	<input type="checkbox"/>	[AZ]	<input type="checkbox"/>	[AR]	<input type="checkbox"/>	[CA]	<input type="checkbox"/>	[CO]	<input type="checkbox"/>	[CT]	<input type="checkbox"/>	[DE]	<input type="checkbox"/>	[DC]	<input type="checkbox"/>	[FL]	<input type="checkbox"/>	[GA]	<input type="checkbox"/>	[HI]	<input type="checkbox"/>	[ID]	<input type="checkbox"/>
[IL]	<input type="checkbox"/>	[IN]	<input type="checkbox"/>	[IA]	<input type="checkbox"/>	[KS]	<input type="checkbox"/>	[KY]	<input type="checkbox"/>	[LA]	<input type="checkbox"/>	[ME]	<input type="checkbox"/>	[MD]	<input type="checkbox"/>	[MA]	<input type="checkbox"/>	[MI]	<input type="checkbox"/>	[MN]	<input type="checkbox"/>	[MS]	<input type="checkbox"/>	[MO]	<input type="checkbox"/>
[MT]	<input type="checkbox"/>	[NE]	<input type="checkbox"/>	[NV]	<input type="checkbox"/>	[NH]	<input type="checkbox"/>	[NJ]	<input type="checkbox"/>	[NM]	<input type="checkbox"/>	[NY]	<input type="checkbox"/>	[NC]	<input type="checkbox"/>	[ND]	<input type="checkbox"/>	[OH]	<input type="checkbox"/>	[OK]	<input type="checkbox"/>	[OR]	<input type="checkbox"/>	[PA]	<input type="checkbox"/>
[RI]	<input type="checkbox"/>	[SC]	<input type="checkbox"/>	[SD]	<input type="checkbox"/>	[TN]	<input type="checkbox"/>	[TX]	<input type="checkbox"/>	[UT]	<input type="checkbox"/>	[VT]	<input type="checkbox"/>	[VA]	<input type="checkbox"/>	[WA]	<input type="checkbox"/>	[WV]	<input type="checkbox"/>	[WI]	<input type="checkbox"/>	[WY]	<input type="checkbox"/>	[PR]	<input type="checkbox"/>

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box ☐ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt .....	\$ .....	\$ .....
Equity .....	\$ <u>1,200,000</u>	\$ <u>48,000</u>
<input type="checkbox"/> Common <input checked="" type="checkbox"/> Preferred		
Convertible Securities (including warrants) .....	\$ .....	\$ .....
Partnership Interests .....	\$ .....	\$ .....
Other (Specify .....) .....	\$ .....	\$ .....
Total .....	\$ <u>1,200,000</u>	\$ <u>48,000</u>

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number of Investors	Aggregate Dollar Amount of Purchases
Accredited Investors .....	<u>2</u>	\$ <u>48,000</u>
Non-accredited Investors .....	<u>0</u>	\$ <u>0</u>
Total (for filing under Rule 504 only) .....	<u>2</u>	\$ <u>48,000</u>

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505 .....	<u>0</u>	<u>0</u>
Regulation A .....	<u>0</u>	<u>0</u>
Rule 504 .....	<u>0</u>	<u>0</u>
Total .....	<u>0</u>	\$ <u>0</u>

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees .....	<input checked="" type="checkbox"/> \$ <u>0.00</u>
Printing and Engraving Costs .....	<input checked="" type="checkbox"/> \$ <u>2,000</u>
Legal Fees .....	<input checked="" type="checkbox"/> \$ <u>5,000</u>
Accounting Fees .....	<input checked="" type="checkbox"/> \$ <u>0</u>
Engineering Fees .....	<input checked="" type="checkbox"/> \$ <u>0</u>
Sales Commissions (specify finders' fees separately) .....	<input checked="" type="checkbox"/> \$ <u>96,000</u>
Other Expenses (identify) .....	<input checked="" type="checkbox"/> \$ <u>4,000</u>
Total .....	<input checked="" type="checkbox"/> \$ <u>107,000</u>

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

b. Enter the difference between the aggregate offering price given in response to Part C- Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

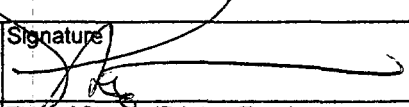
\$ 1,093,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C- Question 4.b. above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees.....	<input checked="" type="checkbox"/> \$382,076	<input checked="" type="checkbox"/> \$30,000
Purchase of real estate.....	<input checked="" type="checkbox"/> \$0.00	<input checked="" type="checkbox"/> \$0.00
Purchase, rental or leasing and installation of machinery and equipment .....	<input checked="" type="checkbox"/> \$30,400	<input checked="" type="checkbox"/> \$
Construction or leasing of plant buildings and facilities .....	<input checked="" type="checkbox"/> \$12,000	<input checked="" type="checkbox"/> \$
Acquisition of other business (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) .....	<input checked="" type="checkbox"/> \$200,000	<input checked="" type="checkbox"/> \$0.00
Repayment of indebtedness.....	<input checked="" type="checkbox"/> \$0.00	<input checked="" type="checkbox"/> \$0.00
Working capital.....	<input checked="" type="checkbox"/> \$338,524	<input checked="" type="checkbox"/> \$0
Other (specify): <u>IPO Expenses</u> .....	<input checked="" type="checkbox"/> \$80,000	<input checked="" type="checkbox"/> \$20,000
.....	<input type="checkbox"/> \$	<input checked="" type="checkbox"/> \$
Column Totals.....	<input checked="" type="checkbox"/> \$1,043,000	<input checked="" type="checkbox"/> \$50,000
Total Payments Listed (column totals added) .....	<input checked="" type="checkbox"/> \$ 1,093,000	

**D. FEDERAL SIGNATURE**

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
TransAmerican Energy, Inc		8/25/06
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Neil A. Moore	President & Director	

**ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)


### E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any disqualification provisions of such rule? Yes ☐ No ☒

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
TransAmerican Energy, Inc		8/25/06
Name (Print or Type)	Title (Print or Type)	
Neil A. Moore	President & Director	

**Instruction:**

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

**APPENDIX**

1	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of Security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	\$1,200,000 Convertible Preferred Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
CO									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI		X	\$24,000	1	\$24,000	0	0		X
MN									
MS									
MO									

**APPENDIX**

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item1)		Type of Security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
			\$1,200,000 Convertible Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
State	Yes	No							
MT									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
OH									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX		X							
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									





# DISPAGES

**1-800-450-7982**

**1-888-573-1061**

**FACSIMILE TRANSMITTAL SHEET**

TO

**Margaret Foulds**

FROM

**Account Receivable**

FAX NUMBER:

**201-804-9415**

TOTAL NO. OF PAGES INCLUDING COVER:

**4**

PHONE NUMBER:

**201-804-3909**

DATE:

**August 28, 2006**

RE:

**Proof of Listing and Invoice**

CC:

**Blue Sky MLS Inc**

**Notes/comments**

# Invoice

177 Main Street, Suite 201  
Fortlee, NJ 07024

Date	Invoice #
8/28/2006	45244

## Bill To

Blue Sky MLS Inc  
Margaret Foulds  
301 State Rte 17  
Rutherford, NJ  
07070

**TOLL FREE**  
1 (800) 450-7982  
Fax: 1 (888) 573-1061

Federal Tax ID: 20-0375277

Sale Consultant	Terms	Shipper	Ship	Via	Reference Number
	Due upon receipt		8/28/2006		OIS-4640

1	Internet Ad	2005 OIS Connecting you to the World Visit us at <a href="http://www.oispages.com">www.oispages.com</a>	487.00	487.00
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**TOTAL DUE \$487.00**

Online Info Solutions  
177 Main Street, Suite 201  
FortLee, NJ 07024

INVOICE NO: 45244

+Make check payable to OnlineInfoSolutions  
Fax a copy of check to Fax# 1 (888) 573-1061

VISA

MASTERCARD

EXPIRY DATE

CARDHOLDER NAME (PLEASE PRINT)



# OISPAGES

Search Engine Optimization and Online Submission

<b>Company:</b>	Blue Sky MLS Inc
<b>Address:</b>	301 State Rte 17
<b>City, State:</b>	Rutherford, NJ
<b>Zip Code:</b>	07070
<b>Phone:</b>	201-804-3909
<b>Fax:</b>	201-804-9415
<b>Toll Free:</b>	N/A
<b>Web Site:</b>	<a href="http://bluesky.mls.inc">http://bluesky.mls.inc</a>
<b>Email:</b>	N/A
<b>Annual sales:</b>	N/A
<b>User Name:</b>	oispages
<b>Password:</b>	45244

Dear Customer,

This document confirms that your company is listed on the major search engines and oispages. Attached above is your username and password allowing you to access our internet databank and surf through its various search options. If you wish to make any changes or additions to your company listing free of charge, please login in and access your account online. We here at OISPAGES hope you enjoy your company listing and benefit from the online directory which has been developed to save your company time and money and help you and your teams make commercial connections in your local region as well as across the country.

Customer service



[Home](#) | [Web Design](#) | [Web Advertising](#) | [Hosting](#) | [Reseller](#) | [Contact us](#)



**Search Business Results for:** Business Name: Blue Sky MLS Inc  
State/Province: NJ

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**1. Blue Sky MLS Inc**

301 State Rte 17

Rutherford, NJ 07070

Phone: **201-804-3909** Fax: **201-804-9415**

[Visit WebSite](#) | [Map](#)

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Go To: 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

08-28-2006 03:21PM FROM BERMAN DOCUMENT

# **BERMAN, SOSMAN & ROSENZWEIG, LLC.**

## **Certified Public Accountants**

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2492 Merrick Road  
Bellmore, NY 11710  
Telephone: 516-826-7600  
Fax: 516-826-4343  
Email: [www.cpataxsavers.com](http://www.cpataxsavers.com)

### **FAX TRANSMISSION COVER SHEET**

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Date: 8-28-06  
To: Margaret Foulds  
Firm: Blue Sky  
Fax #: 201-804-9415  
Re: letter from N.Y.S.  
Sender: Sharon Berman

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YOU SHOULD RECEIVE 2 PAGE (S), INCLUDING THIS COVER SHEET.  
IF YOU DO NOT RECEIVE ALL THE PAGES,  
PLEASE CALL SHARON AT  
516-826-7600

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I am waiting for your response —  
Thank you — Sharon  
Berman

Any Federal tax advice contained herein is not intended or written to be used, and cannot be used by you or any other person, for the purpose of avoiding any penalties that may be imposed by the Internal Revenue Code. This disclosure is made in accordance with the rules of Treasury Department Circular 230 governing standards of practice before the Internal Revenue Service. Any written statement contained herein relating to any Federal tax transaction or matter may not be used by any person without the express prior written permission in each instance of a partner of this firm to support the promotion or marketing of or to recommend any Federal tax transaction(s) or matters(s) addressed herein.



08-28-2006 09:27PM FROM-BERMAN SOSMAN  
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Division of Public Advocacy

DAVID D. BROWN, IV  
Bureau Chief  
Investment Protection Bureau

(212) 416-8285

August 11, 2006

Berman & Sosman, LLC  
2492 Merrick Road  
Bellmore, NY 11710

Re: Annual filing requirements

Dear Investment Adviser:

Our records indicate that while you did submit the renewal fee for 2006, you did not submit the required financial statements which were due within 90 days after each fiscal year end or the annual offer of the ADV to New York clients. These annual filing are required by § 11.4(f)(3), 11.14 and 11.15 of the Investment Adviser Regulations. (The investment adviser regulations are available at [www.oag.state.ny.us](http://www.oag.state.ny.us)).

Do an annual updating amendment on the IARD system, submit a balance sheet dated "as of 12/31/05", an income statement "for the year ending 12/31/05" (either include the audit report or have each certified by management), and a copy of the letter offering a complete copy of the ADV to New York clients. This filing must be completed within 45 days of the date of this letter.

If an advisor is not required to and does not wish to continue its New York registration, it may withdraw upon submission of Form ADV-W using the IARD system.

If you have any questions, please contact Alicia Brown at 212-416-8231 or the undersigned.

Very truly yours,

*Margaret Kurta*

Margaret Kurta  
Investment Advisor Unit

**RETURN THIS LETTER WITH YOUR REPLY**

120 Broadway, New York, NY 10271  
Real Estate Matters • (212) 416-8122 • Fax (212) 416-8179  
Securities Matters • (212) 416-8222 • Fax (212) 416-8816